(NPS Form 10-932) (NEW 10/00)

## NATIONAL PARK SERVICE Rocky Mountain National Park 1000 Highway 36 Estes Park, CO 80517

(OMB No. 1024-0026) (Expires 12/31/2010)

## **Application for Photography/Filming Permit**

Please supply the information requested below. This information is required to evaluate your permit request. **Attach additional sheets, if necessary**. Allow at least four (4) business days for processing. A non-refundable application fee will be required if the request is approved. There may be additional fees charged, including a location fee, and you **may** be required to provide proof of liability insurance.

Applicant	•		Applicant:			Company:			
Social Security #:			Tax ID #:						
Street/Address:			Street/Address:						
City/State/Zip Code:			City/State/Zip Code:						
Telephone #:			Telephone #:						
Cell phone #:			Cell phone #:						
Fax #:			Fax #:						
Email:			Email:						
Project name:			Producer:						
Type of project:			Photographer:						
Location manager:			Director:						
Telephone #:			Insurance company:						
Cell phone #:									
☐ Stills, ed☐ Feature☐ Music V☐ Other, e☐ Will there	•	es/Pilot 🗆	Document	ary/Travelogue	□ Comn		olain		
SHOOTI	NG SCHEDULE BY LOC	ATION:							
DATE	LOCATION	Start Time	End Time	Interior or Exterior	FILM	PREP	STRIKE	# of cast & crew	
					П		П		

Set dressing or other structures proposed:	*	
ATTACH ADDITIONAL PAGES FOR		
REQUEST INCLUDING: set construct		, , , ,
plan, off-road activity, trail use, or use	•	
Electrical needs, explain		, size
Lighting: ☐ None ☐ Reflectors only ☐	•	
Road:		
☐ Running shots ☐ Driving shots ☐ Driv	•	•
☐ Camera/Equipment on Road Shoulder ☐	Camera/Equipment on median	Other (explain)
<b>OPERATIONAL INFORMATION:</b> Number of Personnel and Vehicles:		
Total Cast & Crew Personal Cars	Large Trucks Other Tru	ucks Vans
Camera Car Picture Cars	Motor homes Dressing Ro	ooms
Other Vehicles (explain)		
Base Camp location:		
Catering Co. Name	Phone #	
SPECIAL ACTIVITIES: Children: □ None □ Yes # of Ch	uildren Age Range	
Animals: ☐ None ☐ Yes (explain)		
Trainer Name:	Phone #:	
Aircraft: □ No □ Yes (explain)		
Special Effects: (identify)		
Effects Technician Name:	Phone #	
	Permit # (if	
Stunts: (explain)	,	
· · ·	Phone #	
Any other unusual or hazardous activities		
Person on location responsible for com	•	conditions of a Film Permit:
Name:	Title:	Phone:
Person on location responsible for coor	rdinating activities with the NPS	:
Name:	Title:	Phone:
Person at the company office to contact for	r follow up information and billing:	
Name:	Title:	Phone:
I hereby state that the above information information or false statements have been have the full authority to represent the approximation.	en given. All estimates are reliable	to the best of my knowledge and I

Signature	Title	Date
Company Name _		

Information provided will be used to determine whether a permit will be issued. **Note** that this is an application only, and does not serve as permission to conduct a filming project or any other use of the park. If your request is approved, a permit containing applicable conditions and regulations will be sent to the person designated on the application. The permit must be signed and returned to the park prior to the event.

An application fee in the form of a cashiers check or money order in the amount of \$300.00 made payable to **National Park Service** will be required once the request is approved. Application and administrative charges are non-refundable. *This completed application should be mailed or faxed to 1000 US Highway 36, Estes Park, CO 80517* 

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**Paperwork Reduction Act Statement:** This information is being collected to allow the park manager to make a value judgment on whether or not to allow the requested use. All the applicable parts of the form must be completed. A Federal agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

**Estimated Burden Statement:** Public reporting burden for this form is estimated to average 60 minutes per response including the time it takes to read, gather and maintain data, review instructions and complete the form. Direct comments regarding this burden estimate or any aspects of this form to the National Park Service, Special Park Uses Program Manager, 1849 C Street NW (org. code 2460), Washington, D.C.